Northern Light Health

Vaccination Declination
Medical Exemption

To be used for exemptions due to medical contraindications

Child's Name: _____ Child's ID#: _____

Parent/Guardian Name: _____

Provider Name: _____

Provider to complete: Check the box of any vaccine that cannot be administered, circle the appropriate contraindication(s). For each box checked, at least one contraindication should be circled.

Vaccine	Contraindication
☐ Diphtheria tetanus (DT or Td)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ Diphtheria, tetanus, acellular pertussis (DTaP or Tdap)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP or DTaP
☐ Hepatitis A	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ Hepatitis B	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Hypersensitivity to yeast
☐ *Haemophilus influenzae* type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age <6 weeks
☐ Human papillomavirus (HPV)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast
☐ Inactivated influenza vaccine (IIV)	Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine or to vaccine component.
☐ inactivated poliovirus (IPV)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ live, attenuated influenza vaccine (LAIV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Concomitant use of aspirin or aspirin-containing medication in children and adolescents • LAIV4 should not be administered to persons who have taken oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days. • Pregnancy • Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months. • Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. • Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. • Persons with cochlear implants (due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used). • Altered Immunocompetence • Anatomic or functional asplenia (e.g. sickle cell disease)
☐ quadrivalent meningococcal conjugate vaccine (MenACWY)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast
☐ MenB	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

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☐ Measles-mumps-rubella (MMR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Pregnancy • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Family history of altered immunocompetence
☐ quadrivalent meningococcal polysaccharide (MPSV4)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ pneumococcal conjugate (PCV13)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid–containing vaccine or to a component of a vaccine (PCV13 or any diphtheria-toxoid–containing vaccine), including yeast
☐ pneumococcal polysaccharide (PPSV23)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ recombinant influenza vaccine (RIV)	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine
☐ Rotavirus	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • SCID • History of intussusception
☐ tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap
☐ Varicella (chickenpox)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence
☐ Zoster	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ COVID-19	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
☐ Other	

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Provider Signature: _____ Date: _____

I have had the opportunity to rediscuss the reason(s) my child cannot receive the vaccinations indicated above.

Parent's Initials: _____ Date: _____ Parent's Initials: _____ Date: _____